

Alabama Trauma System
QI Workgroup Meeting Minutes
July 18, 2008 8:00 a.m.-10:00 a.m.
BREMSS

In attendance: Dr. Campbell, Choona Lang, Verla Thomas, Joe Acker, Jason Parton, Dr. Crawford, Glen Davis

Not in attendance: Alex Franklin, Spencer Howard, Robin Moore, Beth Anderson

Choona opened the meeting with a welcome and recap of last meeting minutes.

West Region Update (Glen Davis):

- ❖ Fayette Medical Center, Northport Medical Center, Pickens County, Bryan Whitfield, Northwest Medical Center, Marion Regional and Lakeland Community hospitals in the West Region will probably be level III trauma centers
- ❖ No Level I in East (send patients to UAB)
- ❖ Southeast will probably have level II and the rest level III
- ❖ Gulf will probably have one level I
- ❖ DCH will probably be a level I or II trauma center
- ❖ West town hall meeting has a projected date of mid August as soon as the contract is finalized. (Glen thinks the contract has been signed, Joe doesn't think the UA staff has signed, but UAB has signed.)
- ❖ Dr. Campbell recommended Dr. Nunn to be on hand for the site surveys for the West Region
- ❖ Dr. Nunn and Dr. Crawford have been budgeted for 2 visits per hospital in West region.

BREMSS Update

Joe gave a brief update of MDAC bimonthly meeting with a power point presentation. (See attached power point)

Joe also explained some issues which triggers the QI process:

- ❖ When a patient is identified that should have been entered into the system, but was not entered, before arrival to the hospital
- ❖ Any complaints that come from hospitals and EMS providers
- ❖ Any issues picked up by hospital staff and medical directors
- ❖ Children's Hospital is having issues with pediatric airways. Joe is planning to meet with local ambulance providers and staff regarding this matter.

Non-compliance

- ❖ Some of the non-compliance issues are due to lack of education. Non-compliance issues are reported to Mark Jackson at the EMS office.

How inner facility transfers are captured?

- ❖ Alex Franklin gets all inner facility transfers in the North Region by audio transmission. All of the regional offices will receive all audio transmission to track information which will include inner facility transfers.
- ❖ BREMSS back track all inner facility transfers to UAB and how the patient was transported
- ❖ Dr. Campbell would like to QI the method of patients arrival to the hospital (ambulance, private vehicle and drop offs)
- ❖ Level I & II hospitals are required to return patient outcome reports within 24 hours to EMS Providers.

Software Update

Vela gave a brief update on the software for the Trauma Registry.

- ❖ Digital Innovation has not given a projected date as to when software will be available.
- ❖ Patient registry number will be the TCC number as a required field to be entered as part of the Trauma Center

Glen asked the question will the number be a required field for third party software user. We cannot mandate this field for third party vendors because their software is compliant per Computer Tech Support Staff EMS.

Benchmark Report

- ❖ Verla is currently working on identifying Alabama Trauma System specific benchmarks. She will email the draft documentation of benchmarks out for review soon. Verla and Choona will meet with Jason Parton to discuss benchmarks as needed.

QI Project Timeline

1. Items moved from July to August
 - ❖ Phase I QI Consultant recommendations
 - ❖ Review and revise Trauma System flowchart
 - ❖ Review Trauma System QI reports
2. Benchmarks were the focus for July
(making sure data elements are in place)

Changes made to the Alabama Trauma System QI Plan Process

1. The word “violation” changed to “issues”
2. Added #4 Report out come back to the RTAC
3. Statement added “The process will also include the coordination of educational initiatives system changes and enforcement as necessary”
4. Under Hospital, statement added:
 - (e) Level I & II hospitals will report patient outcomes in 24 to 48 hours to the Regional Trauma Advisory Council
5. Under Pre Hospital Air, statement added:
 - (4) Monthly reports as determined by the Regional Aero- Medical Plan
6. Under System, statement added:
 - (5) Communicate and cooperate with appointed RTAC QI Committee members to operate their QI plan

Pediatric Workgroup update by Dr. Campbell

- ❖ Setting standards for a Pediatric Trauma Center
- ❖ Focus on require equipment for pediatric care
- ❖ Pediatric age for the State of Alabama

Geni Smith from Children’s Hospital will be invited to attend the next QI Meeting as a representative of the Pediatric Workgroup

Next Meeting schedule for September 8, 2008 10am at BREMSS.

Meeting Adjourned

Alabama Trauma System QI Plan Process

Quality Improvement Process

The mission of the state quality improvement process is to continuously monitor the Statewide Trauma System utilizing data to determine the trauma system impact on quality of care. The evaluation process must include benchmarks that will provide guidelines for acceptable standards of care. **The process will also include the coordination of educational initiatives, system changes and enforcement as necessary.**

Alabama Trauma System QI Plan consists of the following components:

1) Hospital

- a) Quarterly internal audits
- b) Trauma Registry reports
- c) Internal management committee meeting
- d) Monthly reporting to the regional office
- e) Participation in quarterly regional QI committee meetings

2) Pre Hospital

- A) Air
 - 1) Internal audits
 - 2) Monthly QI reports (response/scene time)
 - 3) Participation in quarterly regional QI committee meetings
- B) Ground
 - 1) Internal audits
 - 2) Monthly QI reports (scene time)
(Question per Joe—what source? And system entry)
 - 3) Participating in quarterly regional QI committee meetings

3) System

The Alabama Department of Public Health Office of EMS and Trauma will be responsible for direct oversight and enforcement of the QI plan:

- 1. Assume responsibility and accountability for the implementation and ongoing activities of the QI program
- 2. Establish, maintain and give guidance to RTAC, QI committee and STAC related to quality care issues in writing and in actions.
- 3. Integrate mission of the QI program into activities for all levels of participation within the statewide trauma system
- 4. Utilize quality assessment data process to identify the needs to change Trauma System processes to ensure the success of the Alabama Trauma System.
- 5. **Communicate and cooperate with appointed RTAC QI committee members to operate their QI plan.**
- 6. Ensure all QI plan activities are reported to STAC and the State Committee of Public Health.

7. Establish and maintain a systematic QI assessment process
8. Establish a culture of quality improvement through leadership, education, communication and teamwork.
9. Complaints received at the State level will be forward to the Regional staff for follow-up according to the 1,2,3 step Trauma System noncompliance process listed under **Regions Role: number 8**

Regional Trauma Advisory Council

1. Utilize regional level quality assessment data process to identify the needs to maintain/change trauma system processes by reporting findings to OEMS & T
2. Communicate and cooperate with the direct services providers, state trauma staff and all appropriate trauma system personnel to ensure Trauma System information is shared
3. Promotes, coordinates and conducts ongoing pre-hospital and hospital trauma system education
4. Follow up with direct service providers to ensure trauma process are performed
5. Participate in all levels of QI process
6. Meet quarterly with the State QI committee to discuss ways to improve the trauma system processes
7. Receive all Trauma system complaints and filter them to the State/Regional QI committee
8. Report **noncompliance** issues to the Regional Trauma Advisory Council as listed below for pre-hospital component:
 1. **First Issue**-Verbal warning and remenditative education, documentation by region staff
 2. **Second Issue**-Written report by region staff ***(NEED TO DEVELOP STANDARD WARNING LETTERS) (Letters should come from the State then referred to the Regions)***
 3. **Third Issue**-Verbal/written report forward to the State OEMS & T Compliance Officer (Mark Jackson) for investigation with possible license suspension
 4. Report any outcome from findings of #3 back to Regional Trauma Advisory Council

Regions Noncompliance:

All regional staff noncompliance trauma system issues will be handled by the Director of the Office of EMS & Trauma.

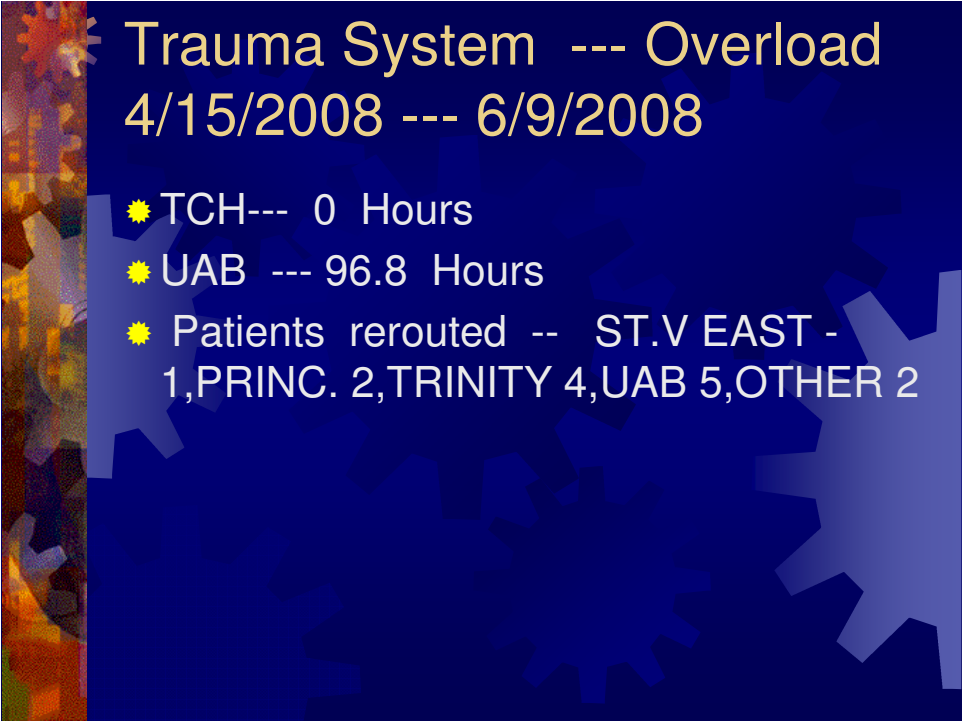
Hospital Noncompliance:

All hospital noncompliance trauma system issues will be handled according to the contractual agreement with the hospital ***(See Trauma System Contract)***



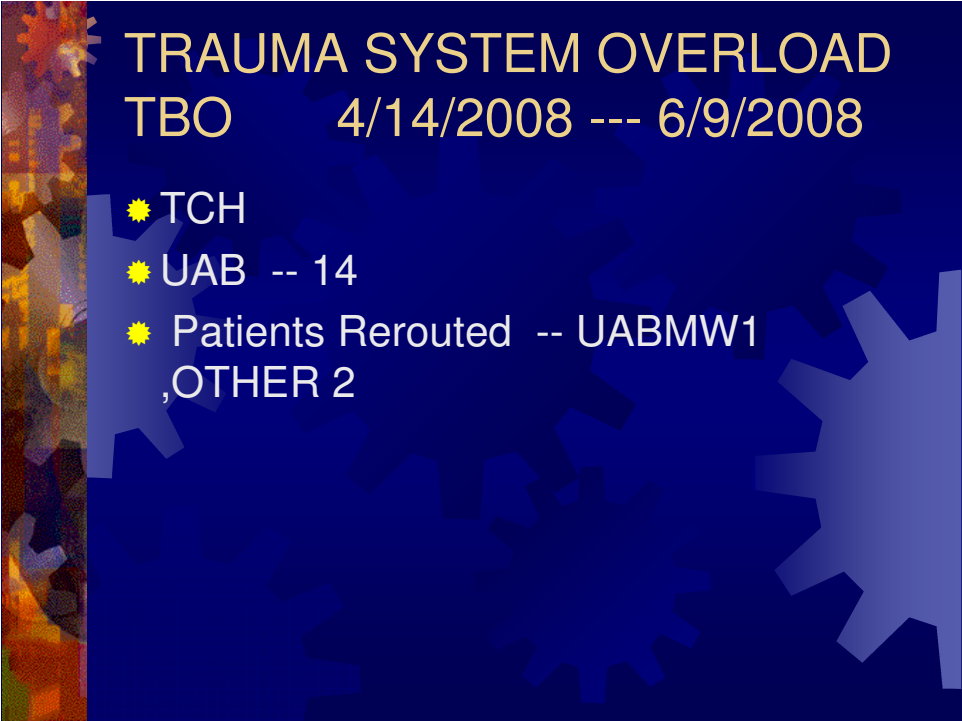
MDAC

June 9, 2008



Trauma System --- Overload 4/15/2008 --- 6/9/2008

- ☀ TCH--- 0 Hours
- ☀ UAB --- 96.8 Hours
- ☀ Patients rerouted -- ST.V EAST -
1,PRINC. 2,TRINITY 4,UAB 5,OTHER 2



TRAUMA SYSTEM OVERLOAD

TBO 4/14/2008 --- 6/9/2008

- TCH
- UAB -- 14
- Patients Rerouted -- UABMW1
, OTHER 2



TRAUMA SYSTEM ---- RED


- TCH – 0
- UAB -- 1.6 HRS.
- Patients Rerouted – 0

Trauma System --- Volume --- 4/14/2008 --- 6/9/2008

- Total System Volume – 609(637)(481)
- UAB -- 472(471)(338)(426)
- TCH -- 31(49)(26)(61)
- Level Threes -- 114(122)(127)(164)
- Year to date –07– patients - 4140
- Year to date –06- patients - 4157
- Year to date –05 - patients - 3789

ALABAMA TRAUMA SYSTEM 4/14/2008--- 6/9/2008

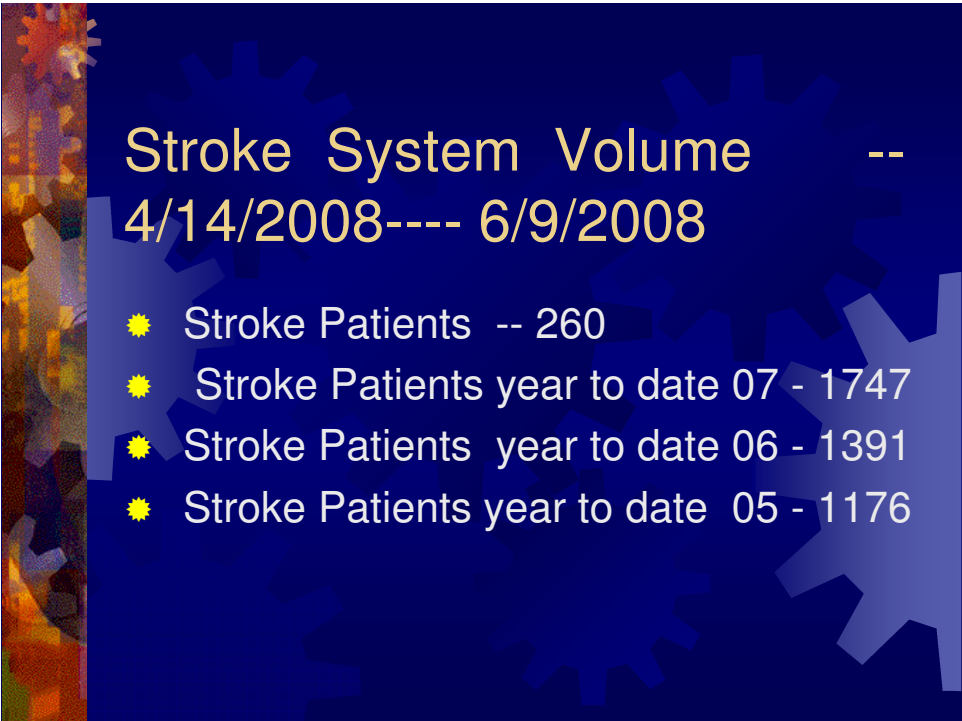
- NATS 276, HH 213, DGH 16, #3 69
- BREMSS 609 , UAB 472 , TCH 31, #3 114



ALABAMA TRAUMA SYSTEM

05092008---06/09/2008

- NATS 210, HH 160
- BREMSS 363, UAB 281



Stroke System Volume --

4/14/2008---- 6/9/2008

- Stroke Patients -- 260
- Stroke Patients year to date 07 - 1747
- Stroke Patients year to date 06 - 1391
- Stroke Patients year to date 05 - 1176

STROKE DESTINATIONS

- UAB -- 66-29.6(87)(82)(66)(50)(55)(41)
- WBMC --0(6)(7)(1)(0)(5)(3) (1)
- MEDWEST --13-48.1(6)(10)(14)(6)(13)(9) (8)
- St . Vincent's --53-110(57)(60)(52)(54)(60)(42) (36)
- Shelby Baptist --15(303)(19)(12)(17)(14)(17)(12)
- UAB Highlands --0(0)(0)(0)(0)(0) (0)
- St. Vincent's East --7(8)(8)(12)(4)(11)(8) (11)
- PCMMC -- 1(2)(4)(6)(5)(9)(14) (12)
- Brookwood -- 31-167(24)(20)(24)(30)(30)(20) (28)
- Princeton --42-134(30)(35)(34)(31)(31)(33) (18)
- Trinity -- 23-263(47)(35)(29)(15)(16)(27)(14)

TCC GENERATED QI Issues 4/14/2008 – 6/9/2008

- FIFTY SEVEN
- Closed -- Twenty eight – () denotes open issue
- System Entry 22(19)
- Patient destination
- TCC & System
- Trauma Times
- Re-Route & Divert
- Medical Direction 2(2)
- Hospital Hold
- Other 22(8)



ISSUES

- FUNDING
- CPAP
- EDUCATION PLAN
- TRAUMA PLAN
- Helicopter Plan
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